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| CR NUMBER 24-17943 | ACCIDENT DATE 11/25/24 | ACCIDENT TIME 15:43 | DAY OF WEEK Monday | <input checked="" type="checkbox"/> DAYLIGHT <input type="checkbox"/> DAWN OR DUSK <input type="checkbox"/> DARK |
| LOCATION OF ACCIDENT (STREET NUMBER OR OTHER LOCATION DESCRIPTION) 920 Morris Rd | | | WEATHER Clearly | |
| VEHICLE NO. 1 | | | VEHICLE NO. 2 (OR PROPERTY DAMAGED) | |
| DRIVER LAST FIRST MIDDLE DOB Unoccupied | | | DRIVER LAST FIRST MIDDLE DOB Unknown | |
| ADDRESS | | | ADDRESS | |
| CITY, STATE, ZIP ↓ | | | CITY, STATE, ZIP | |
| PHONE NUMBER | | | PHONE NUMBER | |
| DRIVER'S LICENSE NUMBER STATE | | | DRIVER'S LICENSE NUMBER STATE | |
| VEHICLE OWNER'S NAME LAST FIRST MIDDLE Martin, Christopher, C | | | VEHICLE OWNER'S NAME LAST FIRST MIDDLE | |
| ADDRESS 220 Brook View Dr | | | ADDRESS | |
| CITY, STATE ZIP Cuyahoga Falls, OH 44223 | | | CITY, STATE, ZIP | |
| PHONE NUMBER | | | PHONE NUMBER | |
| VEHICLE YEAR MAKE MODEL COLOR 2016 Toyota Maroon | | | VEHICLE YEAR MAKE MODEL COLOR | |
| LICENSE PLATE NUMBER STATE JTV 2199 OH | | | LICENSE PLATE NUMBER STATE | |
| INSURANCE COMPANY State Farm 2354504 SFP 35 | | | INSURANCE COMPANY | |
| PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input checked="" type="checkbox"/> REAR <input checked="" type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | | | PARTS OF VEHICLE DAMAGED <input type="checkbox"/> FRONT <input type="checkbox"/> REAR <input type="checkbox"/> LEFT <input type="checkbox"/> RIGHT | |
| DESCRIBE HOW ACCIDENT OCCURRED | | | | |
| <p>Unit 1 was parked and unoccupied in the parking lot of 920 Morris Rd. It was struck by an unknown vehicle that skid the scene.</p> | | | | |
| OFFICER/SUPERVISOR SIGNATURE T. Cole | | | SKETCH HOW ACCIDENT OCCURRED | |
| | | | INDICATE NORTH BY ARROW ↑ N Not to Scale | |